

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

3007

Registrar's No. 1729

FILED SEP 23 1963

1. PLACE OF DEATH

a. COUNTY

BUTLER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Calif

b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Poplar Bluff

Length of stay in 1b

5 days

c. CITY OR TOWN

SAN FRANCISCO

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
BERNARD Davis, Sr.

4. DATE OF DEATH

Month

Day

Year

9

7

'63

5. SEX

M

6. COLOR OR RACE

N

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8-10-1907

9. AGE (last birthday)

56

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Postal Worker

10b. KIND OF BUSINESS OR INDUSTRY

Civil Service

11. BIRTHPLACE (City and state or country)

Poplar Bluff, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Davis

13b. MOTHER'S MAIDEN NAME

Anna L. Turner

14. NAME OF HUSBAND OR WIFE

Robert Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bernard Davis, Jr. San Francisco, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-7-63 to 9-7-63 and last saw him alive on 9-7-63. Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATION

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

LEE-Perkins Funeral Home - Poplar Bluff, Mo

9-21-1963

Shelton Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300

Rev. 4/59

10128

28040

3

4

5

6

7

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9331X

10

11

1290-0

131-0

SEP 25 1963

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by James Gray Soaper, Student Embalmer No. 617
working under my personal supervision.

Student

James Gray Soaper
Signature of Student Embalmer

Signed

Sheila A. Fenchel

Licensed Embalmer No.

2936

P. O. Address

Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.